



FLATHEAD COUNTY PARKS AND RECREATION

MAILING/PHYSICAL ADDRESS – 309 FFA Drive – Kalispell, MT 59901
(406) 758-5800 Fax: (406) 758-5888

2009 Columbia Falls Basketball Girls Grades 1-6

Hey kids... If you like to play basketball, the Flathead County Parks and Recreation Department has a program for girls in grades 1-6. Participants play in every game. You will learn basketball fundamentals, fair play, sportsmanship, teamwork, and have a FUN, POSITIVE EXPERIENCE doing it. Games are played in the Columbia Falls area.

Registration runs through September 18th. Registrations must be received at the above address by September 18th, 2009. The registration fee is as follows: **grades 1-2 = \$25 and grades 3-6 = \$35**. Checks should be made payable to Flathead County Parks & Recreation (FCPR). An Administration Fee of \$5 will be assessed on all refunds and NO refunds after the first game. The season will run approximately 8 weeks. We reserve the right to cancel this program if the minimum number of players required is not met. Program held Monday, Tuesday or Thursday.

Please Print:

Players' Name: _____ Grade: _____

Mailing Address: _____ City: _____ Zip: _____

Street Address: _____ City: _____

Phone: _____ School: _____ Basketball Experience: _____ (years)

Shirt Size (circle one): Youth Medium (10-12) Youth Large (14-16) Small Adult Med Adult Large Adult

Name of Parent/Guardian: _____ Phone: _____

Parent: Does your child have any medical problems: _____ No _____ Yes (if yes, please explain) _____

Special requests: _____

I, as a parent/guardian of _____ hereby agree to abide by all the rules and regulations set up by the Flathead County Youth Basketball League and administered by Flathead County Parks and Recreation. I further agree to accept complete responsibility in matters of any physical injury or loss that might result from participation in games, practices, or travel to or from such activity. I further agree that in the event of such injury or loss, there shall be no liability on the part of the Flathead County Parks and Recreation Department, or any of its sponsoring bodies or any group, individual, or agency associated in the sponsorship of this activity.

Date: _____ Parent/Guardian Signature: _____

A Special Note to Parents: The Youth Basketball League is a very special youth program. We encourage you to become involved as a coach, assistant coach or referee. Your role as a parent is important - make it a meaningful experience for you and your child. **Please check a position below and complete the information on the reverse side of this form if you are interested in helping.** This new volunteer policy has been introduced to ensure the safety of everyone involved.

Coach: _____ Assistant Coach: _____ Referee: _____

OFFICE USE ONLY:

Date _____ Check Number _____ Amount _____ Cash _____ Sch _____ By _____

Form #CFYBB-GIRLS 1-6 (2009)

Volunteer Enrollment & Release for Criminal Background Check

Name: _____ Phone Number: _____

_____ Coach

_____ Assistant Coach

_____ Referee

☐ **Check this box to indicate that you have submitted a background check with this department within the last 2 years. If you check this box, you are not required to complete the remainder of this form.**

To Whom It May Concern

I have applied for a volunteer position with the Flathead County Parks & Recreation Department as a coach, assistant coach, referee and/or hall monitor. In connection with that application, I hereby authorize the Flathead County to obtain any records available which refer to my criminal history.

I hereby authorize any person or agency which receives this release from the Flathead County, to release any information concerning me that is maintained in said person(s) or agency(s) files including information of a confidential or privileged nature. I hereby release any person or agency which releases such information to the Flathead County, and the Flathead County from any liability or damage which may result from furnishing the information requested.

Please furnish any information concerning the below named individual to the following address:

Flathead County Human Resource Office
800 South Main
Kalispell, MT 59901

Applicant's Signature

Date Signed

Printed Name

Social Security Number

Street Address

City State Zip

Place of Birth (City/County/State)

Date of Birth

Driver's License Number/State